

# **THE INTER-DISCIPLINARY TEAM APPROACH TO ADDRESSING HOARDING CASES**

**Betsy Abramson, Clinical Assistant Professor – University of Wisconsin Law School<sup>1</sup>**

**March 2, 2005**

## **INTRODUCTION**

**What is a Hoarding Interdisciplinary Team?** – Selected professionals from a variety of disciplines who meet regularly to discuss and provide consultation on hoarding cases and to expand informal and community resources. It uses the varied backgrounds, training and philosophies of the different professions to explore the best service plan for the cases involved, to identify and create needed expertise and to develop and coordinate community resources.

### **I. What is the purpose of an Interdisciplinary Hoarding Team?**

- A. ...to better respond to individual cases
- B. ...to develop more informal resources
- C. ...to address frequent complaints about what someone (or some agency) does not or will not do (e.g., police, court commissioners, public health, etc.)
- D. ... to acknowledge a need for agencies to understand what other agencies do (and don't) and how they might be of help
- E. ...to educate the community and other professionals on the prevention of hoarding, signs of hoarding or interventions in hoarding

### **II. Goals of an Interdisciplinary Hoarding Team**

- A. Increase awareness of hoarding in the community, especially amongst those who work with the elderly, people with mental illness and other at-risk populations;
- B. As a result of the increased awareness in the community, increase the number of referred cases;
- C. Coordinate the efforts of the various agencies addressing hoarding cases and build a better understanding and respect for all agencies involved;
- D. Identify service gaps and define ways the public and private sectors can work together to meet these needs to provide the best services to individuals who are hoarders;
- E. Decrease hoarding problems by developing appropriate resources, implementing preventative strategies and/or identifying and/or intervening in cases earlier.
- F. Specific objectives can be *any or all of the following*:
  - 1. providing consultations on complex cases;
  - 2. acting as a sounding board for caseworkers;
  - 3. providing different perspectives on problems;

---

<sup>1</sup> While a consultant in elder law, Betsy Abramson assisted the Wisconsin Department of Health and Family Services with the development of county-based Elder Abuse Interdisciplinary Teams (I-Teams). She researched and prepared the *Elder Abuse Interdisciplinary Team Manual* and conducted 17 regional trainings in Wisconsin on the development of I-Teams

4. identifying and developing needed resources;
5. addressing systemic problems; and
6. developing a Speakers Bureau.

### **III. Types of Teams**

- A. Case-specific
- B. Systems development (e.g., akin to the Coordinated Community Response – CCR – Teams in domestic violence)
- C. Combined Team

### **IV. Benefits of an Interdisciplinary Team**

- A. Support and validation for caseworkers;
- B. Increasing knowledge of community resources;
- C. A wider range of alternative solutions to consider;
- D. Better coordination of inter-agency efforts;
- E. Networking and “door-opening” among professional groups;
- F. Providing a more holistic approach, by considering the entire life of the individual – not limited to just one area (e.g., health status);
- G. Raising awareness of hoarding, as more people are involved in a concrete way; and
- H. Improving relationships with agencies dealing with the populations at-risk for hoarding.

### **V. Types of Cases Appropriate for an I-Team**

<b>TYPE OF CASE</b>	<b>WHY CASE WOULD BE APPROPRIATE FOR I-TEAM DISCUSSION</b>
Chronic case	Caseworker cannot think of any other direction to help resolve the case.
Ethics regarding self-determination	Caseworker faces ethical dilemmas regarding interventions that may conflict with self-determination.
Teaching issue for the team	Case had interesting issue(s) that will teach the team members more about hoarding and/or the value of the team approach.
Easy case	Case has an easy solution and will give the I-Team a feeling of success to prevent burnout and encourage participation and use.
Needs specialized expertise	Special skills or knowledge of particular I-Team members are needed.
Update	Current status of previously discussed case (information only, no discussion required).
Follow-Up	Worker seeks follow-up discussion on previously discussed case.
Access denied	Worker needs assistance in identifying ways to gain access to individual
Individual refused services	Individual refuses all interventions offered by the caseworker.
A caregiver refuses services	Caregiver refuses all interventions offered.
Environmental problems	Individual has unmet needs for heat, water, housing or other environmental problems.

## **VI. Obstacles/Problems to Avoid**

- A. Making/Causing individual presenting case to feel defensive
- B. Members breaching confidentiality
- C. Misunderstandings due to not understanding team members' ethical rules, agency protocols, etc.
- D. Frustrations in addressing seemingly intractable cases
- E. Structural problems – e.g., too big, inconsistent attendance/representation, meets too often/infrequently, won't address cases, won't address systems' problems, budgetary problems in supporting the team.

## **VII. Importance and Role of the Coordinator**

- A. Recruiting and convening members
- B. Soliciting cases appropriate for I-Team discussion
- C. Acting as a liaison between I-Team members and between members and other agencies.
- D. Administrative duties
- E. Following up on recommendations from team members
- F. Preparing reports (if/as needed)
- G. Keeping communication flowing between members.

## **VIII. Recruiting Members**

- A. Casting net widely
- B. Using personal and professional connections
- C. Deciding who is best to make the call
- D. In-person? Phone? Mail? E-mail?
- E. Ensuring they understand the commitment

## **IX. Suggested Composition of an Interdisciplinary Hoarding Team**

- A. Professions Represented
  - 1. Social Work – county and private non-profits
  - 2. Elder abuse
  - 3. County corporation counsel
  - 4. Private practice attorney (Elder law? Mental health? Public defender?)
  - 5. Law enforcement
  - 6. Medical
    - a. Physician/**NURSE**
    - b. Home health agency representative
    - c. Psychiatry
  - 7. Mental Health
  - 8. Financial
  - 9. Public Health
  - 10. Building inspectors
  - 11. Animal Control
  - 12. Clergy?

B. Knowledge, Skills and Abilities

1. Communication skills, especially active listening
2. Problem analysis skills
3. Interpersonal skills
4. Genuine care and interest in vulnerable adults
5. Ability to tap community resources
6. Commitment to team goals – willingness to attend for ONE YEAR, to be on time and to maintain confidentiality
7. Willingness to act as a “team player”
8. Competent in his or her profession
9. If possible, have a history of service with your agency

**XI. Ensuring Commitment and Getting Started - Orientation/Training of the Team**

- A. Membership Agreement
- B. Requirements/Rules for the Team
- C. Member Understanding of His/Her Position Description
- D. OTHER members’ understanding others’ position description
- E. Other members’ understanding of others’ ethical constraints and professional principles.
  1. Mandatory or voluntary reporting responsibilities?
  2. Confidentiality standards? Protocols? Agency policy? (i.e., which are required and which can be changed?)
  3. Perspectives – “biases” – (See Appendix A – Sample Case at end)
- F. How to preserve confidentiality in case discussions
- G. Case Selection Criteria
- H. What to do while waiting for cases

**XII. Staffing/Supporting the On-going Team**

- a. Regular meetings
- b. RELATIONSHIP-building – food, schmooze time, comfort, calling team members, thank yous.
- c. Creating, but not overusing, a listserv.
- d. Use Wisconsin APS-Elder Abuse listserv (To join, contact [lmschmitz@cwag.org](mailto:lmschmitz@cwag.org))
- e. Find a buddy county
- f. Follow-up on case discussions
- g. Share successes

\* \* \* \* \*

**Resource on the Interdisciplinary Team:**

Wisconsin Elder Abuse Interdisciplinary Team Manual:

[http://www.dhfs.state.wi.us/aps/Documents/Elder\\_Abuse\\_Interdisciplinary\\_Team\\_Manual\\_With\\_Explanation\\_61203.doc](http://www.dhfs.state.wi.us/aps/Documents/Elder_Abuse_Interdisciplinary_Team_Manual_With_Explanation_61203.doc)

(or simpler: go to <http://www.dhfs.state.wi.us.APS> and the click on 6<sup>th</sup> entry in white lettering on left-hand red column: Elder Abuse Interdisciplinary Team Manual.)

Helpful Appendices include:

- A. Sample Mission Statements
- B. I-Team Member Position Descriptions
- C. Sample Phone Script to Invite Professional to Join I-Team
- D. Sample Follow-Up Letter to Confirm Professional's Joining of I-Team
- E. Sample I-Team Member Agreement and Statement of Confidentiality
- F. Questions and Answers for Potential I-Team Members
- G. Team Rules
- H. Sample I-Team Meeting Agenda
- I. Sample Case Presentation Worksheet

(Note: Above-identified Appendices E, F, H and I, are included with this outline as Appendices C, D, E and F, respectively.)

## **APPENDIX A – SAMPLE CASE**

### **CONSIDER USING THIS CASE TO LEARN ABOUT YOUR TEAM MEMBERS' PERSPECTIVES, APPROACH, CONFIDENTIALITY AND OTHER ETHICAL RULES – AND WHAT THEY HAVE TO OFFER:**

Referral received from local police in regards to Mrs. H., age 70, whom they had taken to the local hospital. The woman, a widow who lived alone, had gone to a neighbor's home early in the morning looking for assistance to help her with her space heater, which had gone out in the middle of the night. The woman was showing signs of frostbite on her hands. When the neighbor went to Mrs. H.'s home, she found that there were only narrow pathways leading to the space heater. The rooms were crammed waist-high with paper and other "stuff" but there was no discernible furniture or beds and about 30 cats were roaming freely in the home. The accumulated papers were jammed right up against the space heater and were a high risk for fire. Instead of fixing the space heater, the neighbor convinced the widow to go to the emergency room and called police. Since it was 20 below zero, the police convinced the hospital to admit the woman for observation. The investigation found that Mrs. H. was alert, oriented and wanted to return to her "home" in spite of the fact that there was such clutter, risk of fire and no running water or indoor plumbing.

#### **Ask group members to share:**

1. If this case came into his/her agency, what might they do? In other words, what tools are in his/her tool belt that aren't in yours?
2. If this case came into his/her agency, would the team member's agency have certain protocols or procedures that would have to be followed? If so, what are they?
3. What types of confidentiality considerations apply to the team member? Professional (e.g., attorney, social worker, physician, other) or agency? For example:
  - a. Would this team member contact other agencies without the affected individual's consent? Law enforcement? Building inspector? Animal control? Elder abuse?
  - b. Would this team member contact the affected individual's family members without the individual's consent?
  - c. Would/May/Must they refer to local law enforcement, public health, adult protective services or other?
4. Where does this team member fall on the self-determination vs. autonomy scale?
  - a. How does competency affect their decision?
  - b. Safety of the individual?
  - c. Safety of others?
  - d. Neighbors' complaints?
5. If a referral was made to this agency, would the agency share information (e.g., interventions, client cooperation, results) with the referring agency? Does it depend on the agency? (e.g., county agency, non-profit, private agency?)
6. How has this team member and his/her agency handled other cases like this? Would they be open to other types of interventions?
7. What would happen if you called this agency and ran this type of scenario by them without any identifiers – would they chat with you about possible strategies? If you inadvertently disclosed too much information (or you're in a small community and they just accurately guessed who you were talking about), would they agree to keep it confidential and not act on it?

## **APPENDIX B: I-TEAM SUCCESS STORY**

*In a southern Wisconsin county, there was a disturbing situation and many of professionals involved – but no one was making any progress, until they called on the Interdisciplinary Team .*

An 84 year old man lived with twelve cats and twelve cows on 80 acres of land that he owned jointly with a sister. He lived in a small part of his home with a thick layer of cat feces covering the floor. He had no septic or running water, but there is a pump in the barn and he hauls water from the barn to the house “as needed.” He had no toilet. There were many missing floorboards so he ran space heaters from the barn to keep himself warm. He had a system of using meals on wheels containers to remove feces to the barn where he then stacked them. Safety concerns were strong and he was considered to be at high risk of harm. Indeed, he had already suffered plenty of harm. About ten years earlier, cows broke his windows looking for food and he literally froze in the night. He was hospitalized for two months for hypothermia, frostbite and related medical problems. More recently, a raccoon entered his home through the missing floorboards and ate food in his kitchen.

Originally, the lead elder abuse agency received a self neglect report because the gentleman had injured himself in a fall and was unable to take care of the cows that roamed his property (no usable barn). Thus, a primary concern for the I-Team was the well-being of the animals. (One cow froze in place while giving birth – and was still standing, *frozen*, in the yard!) The Humane Society and Sheriff’s Deputy had already accompanied the Elder Abuse worker to the home but a plan to remove some of the cats from the home with the man’s permission was unsuccessful. The evaluation by the Humane Society at the time of the I-Team was that the animals were minimally cared for, but not completely neglected due to the efforts of neighbors.

This man lived on his family homestead and wanted to die there. Never married, he was emotionally tied to his land and animals. One expected scenario was that the neighbors would stop taking care of the animals and the Humane Society and Public Health Department would be brought in; it appeared clear that his home would be condemned as being unfit for human habitation. The man’s sister, who lived nearby on another piece of the family land, seemed to fear that she would lose control of her share of the land and she wanted to keep all agencies out of their lives. At the same time, there was intense community pressure to assist the man to improve the conditions in which he lived.

The dilemma was whether the Elder Abuse Office or the local Senior Center should advocate for a Public Health Department response, knowing there most likely would be condemnation of the property and the gentleman would be homeless and unable to remain on his land. Extensive efforts to fix the present building or bring a trailer upon the land had failed. Those involved were stymied. They struggled with questions such as: *When should the agencies give up? What are our options? How can we collaborate to assist the man without disrupting his deep commitment to remain on family land?*

The gentleman’s local case manager from the senior center joined an elder abuse social worker to describe his circumstances to the I-Team. He was receiving case management and home delivered meals; there was an active elder abuse investigation; the Humane Society had been asked to evaluate the condition of the animals, the Sheriff’s Dept community officer, and Public Health Department had been asked to intervene as well. The problem was exacerbated by

the different agencies all working separately – a situation contributing to distress for the subject of the referrals and leading to a sort of check off mentality as each agency could summarize why they couldn't do anything about the conditions under which he lived.

There were two basic points of view and a split among the I-Team members. The physician and law enforcement representative “squared off” with the aging network case managers. A discussion of the conflicting points of view was facilitated. Some folks believed that since he was competent and able to decide his life style, he should be allowed to “die on his land” as he wished, although the well-being of the animals must be closely monitored. Others felt that he was living in conditions that affect the community by his need for neighbors to take care of his animals and the Emergency Medical Services (EMS) responses required. In other words, his behavior was *not*, in fact, only hurting himself. This group believed that the public health department should be called in and, if his home was condemned, he should be assisted afterwards to obtain a better living situation – on his own land.

Those involved directly with the man met after the I-Team and created a plan. They would: (1) pursue a meeting with his sister and her lawyer; (2) advocate for Public Health Department involvement (a report had been made already from the Sheriff's Department); (3) try to explore alternative living situations, including his sister and neighbors; (4) address short term health needs; and (5) stay in touch with the Humane Society.

The caseworkers for this case, which had no coordinated plan, were completely “stuck” – until they took it to the I-Team. With each agency pulling together under the leadership of the elder abuse agency, the subject of the concern was more responsive to help. While he continued to live in sub-standard housing, his remaining cattle were sold and most of his cats were removed with the help of a rescue organization arranged by a neighbor. He got an attorney with the help of a neighbor and his sister and refused all other intervention with his home. Home delivered meals continue to be provided to him and he has an outdoor toilet that meets public health requirements. In summary, the man's living conditions were improved and he continued to take the risks he chose regarding his health. His sister and lawyer were therefore, responsible for seeking assistance if he needed it in the future. The relationship between the aging network agency that delivered the home delivered meals and arranged occasional medical care was still intact after the interventions.

Should an I-Team get involved in every case? No, of course not; every case neither needs nor would benefit from an I-Team. Will an I-Team work every time? No again; an I-Team cannot solve every intractable or otherwise complicated or difficult problem. But research has clearly shown the decisions made by groups – especially groups composed of individuals from different perspectives and different disciplines – will be more creative, better informed and ultimately more successful.



## **APPENDIX C: SAMPLE MEMBERSHIP AGREEMENT**

The goal of the \_\_\_\_\_ County Hoarding Interdisciplinary Team (I-Team) is to advise planning of comprehensive services to persons who are hoarders, to coordinate with the service delivery system and to work with the I-Team members and other local agencies to provide and implement care plans for individuals who are hoarders.

As a member of this I-Team, I agree to:

1. Commit the time to fully participate.
2. Attend the required training developed for members.
3. Attend monthly I-Team meetings for a period of one year, except where an unavoidable conflict occurs. Whenever possible, I will give advance notice to the I-Team Coordinator when my absence is anticipated.
4. Learn as much as possible about the problem of hoarding and how to respond to its victims.
5. Provide my professional opinion and advice on how to proceed with the cases presented and attempt to find the answers to questions in my field of expertise.
6. Engage in telephone consultations on an emergency basis.
7. Advise and assist in the development and implementation of procedures designed to integrate the efforts of the I-Team and other local agencies.
8. Refrain from soliciting for my paid services any clients whose cases are discussed by the I-Team.
9. To the extent possible, assist in educating my profession and the public about the problem of hoarding and the related services in our county.
10. Advocate for better alternatives for adults in need of protective services.
11. Respect and maintain the confidentiality of all clients.
12. Not miss more than two (2) consecutive meetings. If this happens, I understand that I may be replaced as an I-Team member.

I also understand that, if I represent an agency on the I-Team, this agreement may become void if at some future date I no longer am associated with the agency.

\_\_\_\_\_  
Signature of I-Team Member

\_\_\_\_\_  
Signature of Provider Agency Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Phone Number

*CONFIDENTIALITY STATEMENT ON NEXT PAGE*

### **I-Team Member Statement of Confidentiality**

I understand and fully acknowledge the high degree of importance of exercising discretion and maintaining confidentiality regarding all information to which I am exposed as a result of being affiliated with the \_\_\_\_\_ County Hoarding Interdisciplinary Team.

In the regular course of my membership on the \_\_\_\_\_ County Hoarding Interdisciplinary Team, I recognize that I may have access to client information that is personal, financial, medical or other. I am also fully aware that I am strictly forbidden from discussing, transmitting or narrating such confidential information in any form, except in the routine procedures of case discussion within and between other Interdisciplinary Team members and our meetings, or as otherwise permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Name of Member

\_\_\_\_\_  
Agency

## **APPENDIX D: Sample Questions and Answers for Potential I-Team Members**

### **COUNTY HOARDING INTERDISCIPLINARY TEAM QUESTIONS AND ANSWERS**

#### **(1) What are the general goals of a Hoarding Interdisciplinary Team (I-Team)?**

General goals are as follows:

- (a) To increase awareness of hoarding in the community, especially amongst professionals who regularly work with and serve the elderly, people with mental illness and other vulnerable populations;
- (b) As a result of the increased awareness in the community, increase the identified reports of hoarding made to the appropriate agency(ies);
- (a) To coordinate the efforts of the various agencies dealing with hoarding and build a better understanding and respect for the other agencies;
- (b) To identify service gaps and define ways the public and private sectors can work together to meet these needs to provide the best services to people who are hoarders; and
- (c) To decrease hoarding problems by developing appropriate resources, implementing preventative strategies and/or identifying and/or intervening in cases earlier.

#### **(2) What are the objectives of a Hoarding I-Team?**

Depending on the decision of the county's lead agency, the I-Team generally engages in one or more of the following activities: providing consultations on complex cases; acting as a sounding board for caseworkers; providing different perspectives on problems; identifying and develop needed resources; addressing systemic problems; and developing a Speakers' Bureau.

#### **(3) What is the I-Team Process for case discussions?**

Generally, I-Team members who have a case they would like to present to the I-Team will notify the I-Team Coordinator who will then put the case on the agenda. The member will prepare a "case presentation sheet" that provides a written case summary describing the abuse and a summary of the client status (environmental, medical and legal concerns), formal and informal support systems in place, the interventions used thus far (and the results) and the member's questions for the I-Team. After the member's brief presentation to the I-Team, team members then respond with suggestions for interventions, additional resources and/or additional investigation that should take place.

#### **(4) What does the county look for in selecting I-Team members?**

Individuals are selected from a broad range of professional disciplines, including social work, elder abuse, legal, medical, law enforcement, public health, animal control, financial and clergy. In addition to professional disciplines, selected members will have: good communication, problem analysis and interpersonal skills; a genuine interest in vulnerable adults; ability to tap community resources; commitment to team goals; a willingness to act as a "team player"; competence in his or her profession; and, if possible, a history of service with the county's lead agency addressing hoarding.

#### **(5) What are the responsibilities of an I-Team member?**

Responsibilities include a commitment to:

- Attend the required training or orientation developed for members

- Learn as much as possible about the problem of hoarding and how to respond to its victims
- Attend I-Team meetings unless an unanticipated emergency occurs
- Provide his or her professional opinion and advice on how to proceed with the cases presented and attempt to find the answers to questions in his or her field of expertise.
- Be a constructive member of the group process
- Engage in telephone consultations on an emergency basis
- Uphold client confidentiality
- Advise and assist in the development and implementation of procedures designed to integrate the efforts of the I-Team and other local agencies

**(6) How much time does it take to serve on the I-Team?**

Once the initial training is held (generally ???), I-Team meetings typically are held once each month for about two hours. Also, an I-Team member may be called on by other members for emergency consultations by telephone. In addition, if the I-Team takes on other systems issues such as developing protocols for referrals between certain agencies, or developing a missing resource in the community, additional time may be required.

**(7) How will the I-Team members be trained?**

All I-Team members will receive a Hoarding I-Team Member Manual. In addition, all new members will attend an initial training or orientation session that will address the basics of hoarding, relevant civil laws, a discussion of the roles of the various professionals in addressing hoarding cases and extensive information about the operation of I-Teams (the purpose and operation, benefits, obstacles, an understanding/expectations of the others' disciplines, on-going working relationships, information sharing [confidentiality issues]), on-going training needed, how to best prepare a case for discussion at an I-Team; and getting the I-Team started

**(8) How many individuals serve on the I-Team?**

To be successful, an I-Team must have representation from certain core disciplines, including social work/elder abuse, legal, medical, law enforcement, animal control, public health, building inspection, financial and clergy. Some disciplines will be represented by more than one individual. Also, certain cases may require the addition of different disciplines.

**(9) How long will an I-Team member serve?**

Individuals are asked to start out by making a one-year commitment. Generally, I-Team members remain on the team for several years, or even through their entire tenure at a particular agency.

**APPENDIX E: Sample I-Team Meeting Agenda**

\_\_\_\_\_ COUNTY  
HOARDING INTERDISCIPLINARY TEAM (I-TEAM)  
Date, Time, Location

*INSERT MISSION OF I-TEAM HERE.*

- I. Introductions
- II. Announcements, General Information
- III. Educational Presentation (if applicable)
- IV. Updates on previously-discussed cases (written or verbal)
- V. Distribute new case summaries and discuss (20 to 30 minutes each)
- VI. Systems Development/Planning Issues
  - A.
  - B.
  - C.
  - Etc.*
- VII. Set next meeting date, time and location
- VIII. Adjourn

## **APPENDIX F: Sample Case Presentation Worksheet**

### *HOARDING INTERDISCIPLINARY TEAM* **Case Presentation Worksheet**

I-Team Member's Name: \_\_\_\_\_

I-Team Member's Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client first name (*may be a pseudonym*): \_\_\_\_\_ Client age: \_\_\_\_\_

\* \* \*

1. Current household composition/living arrangement:

2. Current support system, if any:

3. Health/Disability status:

4. Brief summary of current situation/problem:

5. What interventions have been tried, and with what results?

6. What specific questions do you have for the I-Team?